



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)

810.00

Complete if Known	
Application Number	10/590,555
Filing Date	August 27, 2009
First Named Inventor	Axel Kochale
Examiner Name	Curtis B. Odom
Art Unit	2611
Attorney Docket No.	PD040028; Customer No. 24498

**METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498**

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180
<u>Total Claims</u>	<u>Extra Claims</u>
_____	- or HP = _____ x <u>\$50</u> = <u>\$</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Independent Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	- or HP = _____ x <u>\$200</u> = <u>0</u>			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____ / 50 = _____	(round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Fee FOR RCE** - \$810.00

**Fees Paid (\$)**

**\$810.00**

**SUBMITTED BY**

<b>Name (Print/Type)</b>	<b>JORGE TONY VILLABON</b>	<b>Registration No. (Attorney/Agent)</b>	<b>52,322</b>	<b>Telephone</b>	<b>(609) 734-6445</b>
<b>Signature</b>					<b>July 26, 2011</b>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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## Fee Description

Small Entity	
Fee (\$)	Fee (\$)

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Multiple dependent claims

360 180

## Total Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

## Multiple Dependent Claims

- or HP = \_\_\_\_\_ x \$50 = \_\_\_\_\_

Fee (\$)

Fee Paid (\$)

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## Independent Claims

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Fee Paid (\$)

- or HP = \_\_\_\_\_ x \$200 = \_\_\_\_\_

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Fees Paid (\$)

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Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445
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